

Office of Administration
Commissioner's Office
Contract Period July 1, 2015 – June 30, 2016
"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Bethany Christian Services of Missouri

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name _____ Date Enrolled Transferred to Bethany caseload in March 2017, signed up with Lutheran in October 2016

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
April 1, 2017	April Car Payment	\$247.79 (see attached for sample)	Client has requested the payment of her April car note. She was working full time supporting herself and her children but has recently been put on bedrest meaning little to no income until baby arrives and she is able to go back to work.
Amt to be reimbursed		\$247.79	

Authorized person requesting purchase: Aimee Travers Date: March 22, 2017

Alliance for Life Program Manager: Carrie Hoelscher

Approved for purchase: Emily Kraft Date 3/23/17

Purchase denied: D Date _____

Reason for denying purchase: _____

Corteema
A2A
Car Payment
Special
Approval
assistance
begins in
April
Bill Due
April 1st

- 1) Initial Client Risk Assessment - Within twenty-four (24) hours of the client's entry into the program, the subcontractor's credentialed case managers must conduct an assessment, including a screening for domestic abuse, in order to document the risk factors and the services needed to minimize the risk of abortion and to complete the pregnancy.
- 2) Post-Partum Depression Screenings - Six (6) to eight (8) weeks post-partum, the subcontractor must have one of the subcontractor's credentialed case managers conduct an assessment for post-partum depression using the Edinburgh Postnatal Depression Screening Scale (EPDS). (Attachment 4)

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ACCOUNT: [REDACTED]

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PAYMENT ADDRESS	PO Box 54807 Los Angeles, CA 90054